

04-20-05

2173 #

Express Mail Label No. EV630987500US



TRANSMITTAL FORM

Application Serial Number	10/052,154
Filing Date	January 16, 2002
First Named Inventor	Yacovone
Group Art Unit	2173
Examiner Name	Becker
Attorney Docket No.	BSK-002
Patent No.	Not applicable
Issue Date	Not applicable

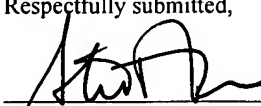
ENCLOSURES (check all that apply)

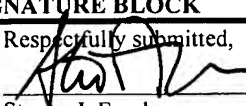
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] <input checked="" type="checkbox"/> Petition for Extension of Time <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input checked="" type="checkbox"/> Form PTO-1449 <input checked="" type="checkbox"/> Copies of Supp. IDS Citations C1-C2 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input checked="" type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
---	--	--

CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator
 Goodwin Procter LLP
 Exchange Place
 Boston, MA 02109
 Tel. No.: (617) 570-1000
 Fax No.: (617) 523-1231
 Customer No. 051414

SIGNATURE BLOCK

Respectfully submitted,

 Steven J. Frank
 Attorney for Applicants
 Goodwin Procter LLP
 Exchange Place
 Boston, MA 02109
 Date: April 19, 2005
 Reg. No. 33,497
 Tel. No.: (617) 570-1241
 Fax No.: (617) 523-1231

<div style="display: flex; align-items: center;"> <div style="border: 2px solid black; border-radius: 50%; padding: 10px; text-align: center; margin-right: 10px;"> IP FEE TRANSMITTAL FY 2005 APR 19 2005 PATENT & TRADEMARK OFFICE </div> <div> FEE TRANSMITTAL FY 2005 </div> </div>		Complete if Known																																																														
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		Application Serial Number 10/052,154																																																														
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 07-1700. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.		Filing Date January 16, 2002																																																														
3. <input checked="" type="checkbox"/> Applicant claims small entity status.		First Named Inventor Yacovone																																																														
FEE CALCULATION		Group Art Unit 2173																																																														
1. FILING/SEARCH/EXAM/SIZE FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>300</td><td>Utility filing fee</td><td></td></tr> <tr><td>500</td><td>Utility search fee</td><td></td></tr> <tr><td>200</td><td>Utility exam fee</td><td></td></tr> <tr><td>250</td><td>Utility size fee (each add'l 50 pgs. over 100)</td><td></td></tr> <tr><td>200</td><td>Design filing fee</td><td></td></tr> <tr><td>100</td><td>Design search fee</td><td></td></tr> <tr><td>130</td><td>Design exam fee</td><td></td></tr> <tr><td>250</td><td>Design size fee (each add'l 50 pgs. over 100)</td><td></td></tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Number Filed</th> <th>Number Extra</th> <th>Rate</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>- 20 =</td> <td></td> <td>x \$ 50.00 =</td> <td></td> </tr> <tr> <td>Independent Claims</td> <td>- 3 =</td> <td></td> <td>x \$200.00 =</td> <td></td> </tr> <tr> <td colspan="4"> <input type="checkbox"/> Multiple Dependent Claim(s), if any \$360.00 = </td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL:</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">SMALL ENTITY DISCOUNT:</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (1)</td> <td style="text-align: right;">(\$) 0.00</td> </tr> </tbody> </table>		Large Entity Fee (\$)	Fee Description	Fee Paid	300	Utility filing fee		500	Utility search fee		200	Utility exam fee		250	Utility size fee (each add'l 50 pgs. over 100)		200	Design filing fee		100	Design search fee		130	Design exam fee		250	Design size fee (each add'l 50 pgs. over 100)			Number Filed	Number Extra	Rate	Amount	Total Claims	- 20 =		x \$ 50.00 =		Independent Claims	- 3 =		x \$200.00 =		<input type="checkbox"/> Multiple Dependent Claim(s), if any \$360.00 =					TOTAL:					SMALL ENTITY DISCOUNT:					SUBTOTAL (1)				(\$) 0.00	Examiner Name Becker
Large Entity Fee (\$)	Fee Description	Fee Paid																																																														
300	Utility filing fee																																																															
500	Utility search fee																																																															
200	Utility exam fee																																																															
250	Utility size fee (each add'l 50 pgs. over 100)																																																															
200	Design filing fee																																																															
100	Design search fee																																																															
130	Design exam fee																																																															
250	Design size fee (each add'l 50 pgs. over 100)																																																															
	Number Filed	Number Extra	Rate	Amount																																																												
Total Claims	- 20 =		x \$ 50.00 =																																																													
Independent Claims	- 3 =		x \$200.00 =																																																													
<input type="checkbox"/> Multiple Dependent Claim(s), if any \$360.00 =																																																																
TOTAL:																																																																
SMALL ENTITY DISCOUNT:																																																																
SUBTOTAL (1)				(\$) 0.00																																																												
2. AMENDMENT CLAIM FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Claims Remaining After Amend.</th> <th>Highest No. Previously Paid For</th> <th>Present Extra</th> <th>Rate</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>-</td> <td>=</td> <td>x \$ 50.00 =</td> <td></td> </tr> <tr> <td>Indep.</td> <td>-</td> <td>=</td> <td>x \$200.00 =</td> <td></td> </tr> <tr> <td colspan="4"> <input type="checkbox"/> First Presentation of Multiple Dep. Claim + \$360.00 = </td> <td></td> </tr> <tr> <td colspan="4" style="text-align: right;">TOTAL:</td> <td style="text-align: right;">(\$)</td> </tr> <tr> <td colspan="4" style="text-align: right;">SMALL ENTITY DISCOUNT:</td> <td style="text-align: right;">(\$)</td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (2)</td> <td style="text-align: right;">(\$) 0.00</td> </tr> </tbody> </table>		Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid	Total	-	=	x \$ 50.00 =		Indep.	-	=	x \$200.00 =		<input type="checkbox"/> First Presentation of Multiple Dep. Claim + \$360.00 =					TOTAL:				(\$)	SMALL ENTITY DISCOUNT:				(\$)	SUBTOTAL (2)				(\$) 0.00	Attorney Docket No. BSK-002																											
Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid																																																												
Total	-	=	x \$ 50.00 =																																																													
Indep.	-	=	x \$200.00 =																																																													
<input type="checkbox"/> First Presentation of Multiple Dep. Claim + \$360.00 =																																																																
TOTAL:				(\$)																																																												
SMALL ENTITY DISCOUNT:				(\$)																																																												
SUBTOTAL (2)				(\$) 0.00																																																												
CORRESPONDENCE ADDRESS Direct all correspondence to: Patent Administrator Goodwin Procter LLP Exchange Place Boston, MA 02109 Tel. No.: (617) 570-1000 Fax No.: (617) 523-1231 Customer No. 051414		SIGNATURE BLOCK Date: April 19, 2005 Reg. No.: 33,497 Tel. No.: (617) 570-1241 Fax No.: (617) 523-1231 Respectfully submitted,  Steven J. Frank Attorney for the Applicants Goodwin Procter LLP Exchange Place Boston, MA 02109																																																														